

**English Translation of the Response to the International Search
Report for PCT/MX2003/000089**

The main objection in the international search report is an article published in 2000 (Brain Res. volume 868, pages 222 to 229) by the inventors of the present patent application. Notice that in that work we reported that vinpocetine prevents the amikacin-induced hearing loss due to alterations of peripheral origin, as evidenced by the changes on the P1 wave component of the auditory brainstem response, that indicates damage at the level of cochlear hair cells.

In addition, the first evidence showing that the alterations of retro-cochlear origin observed in different animal models of experimental epilepsy are linked with hearing loss were given also by the authors of the present patent only until 2003 (Epilepsy Res. volume 53 pages 245 to 254).

Since epilepsy does not cause any change on P1, the prevention exerted by vinpocetine on the changes of retro-cochlear origin and the concomitant hearing loss induced by epilepsy (that concern the present patent) were unpredictable on the basis of the above information.

In Kakihana et al.'s patent they show that vinpocetine inhibits production or secretion of amyloid beta peptide and claim a method for preventing or treating Down's syndrome, which comprises administration of a compound of "formula (I)" with specific substitutions, that among other compounds could be vinpocetine?.

Alzheimer disease is characterized by secretion of the beta amyloid peptide and is a neurological disease. The Down syndrome also could be classified as a neurological disease. There is evidence that both neurological diseases along with epilepsy are accompanied by hearing loss. Therefore, in claim 1 the effect of vinpocetine was extended to other neurological diseases.